Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>6-12-08</u>	Address:	3828 N Pottersville Rd
Case #:	<u>34-34092</u>		Jasper, In
County:	<u>Dubois</u>		
Type of La	aboratory Seizure (check one)	Scizure Location (c	heck all that apply)
_ •	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel☐ Open – No Structure☐ Other:
Items Four	nd: Location (bedroom, kitchen, open ai	r, etc)	
(check all that apply) [Lithium/Ammonia Reaction(s): N/A ,			
Red Phosphorous/lodine Reaction(s): N/A			
☐ Flammable Solvents: <u>N/A</u>			
Water Reactive Metal (Lithium): N/∆			
Anhydrous Ammonia: N/A			
☐ Hydrochloric Acid Gas Generator(s): N/A			
Corrosive Acid: N/A			
Corrosive Base: <u>N/A</u>			
Other (item and location):_			
	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrine Retail/Mo	Enformation Pseudoephedrine Tracking Log erchant Tip arch warrant
This repor	t is to be faxed to the following agen	cies that serve the lo	eation;
Health Dep	ment: <u>Jasper VFD</u> artment: <u>Dubois County</u> etion Service: <u>N/A</u>	Fax: <u>Maile</u> l'ax: <u>812-4.</u> Fax: <u>N/A</u>	-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Tpr Doug Humphrey</u> Phone <u>812-867-2079</u>			

- ** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.
- *** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.